

U.S. Department of Justice  
United States Marshals Service

Case 2:06-cr-00271-WKW-SRW

Document 133

Filed 08/22/2008

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PROCESS RECEIPT AND RETURN

6 ✓

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 2:06cr271-WKW				
DEFENDANT COREY HARVEY		TYPE OF PROCESS FINAL ORDER OF FORFEITURE				
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE AT4 MILITARY ASSAULT WEAPON					
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) c/o UNITED STATES MARSHALS SERVICE					
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form - 285	1			
Tommie Brown Hardwick Assistant United States Attorney United States Attorney's Office Post Office Box 197 Montgomery, Alabama 36101-0197		Number of parties to be served in this case				
		Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) Asset Identification No. 07-DEA-478331						
Signature of Attorney or other Originator requesting service on behalf of: <i>Tommie Brown Hardwick</i>		TELEPHONE NUMBER (334) 223-7280	DATE 07/17/08			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE						
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk <i>K. Chavers</i>	Date <u>7/18/08</u>	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).						
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <u>8/20/08</u>	Time am <u>2:45</u> pm	
				Signature of U.S. Marshal or Deputy		
Service Fee <u>45.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>45.00</u>	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS: